

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

18-RD-297707

Date Filed

June 15, 2022

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Mayo Clinic Healthsystem Mankato		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1025 Marsh Street, Mankato, MN 56001	
3a. Employer Representative - Name and Title Gina Riadon		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 507-380-8416	3d. Fax No. 507-594-4150	3e. Cell No. 507-380-8416	3f. E-Mail Address riadon.gina@mayo.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital			4b. Principal product or service Healthcare
5a. Description of Unit Involved Included: Hospital Registered Nurses Excluded: All other employees			5b. City and State where unit is located: Mankato, MN

6. No. of Employees in Unit 500	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Minnesota Nurses Association		8b. Affiliation, if any National Nurses United	
8c. Address 345 Randolph Ave. #200 Saint Paul, MN 55102		8d. Tel. No. 651-414-2800	8e. Cell No. N/A
		8f. Fax No. N/A	8g. E-Mail Address N/A

9. Date of Recognition or Certification Circa 1949	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) October 1 2022		
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating? N/A	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address) N/A since (Month, Day, Year)			

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) None			
12a. Name N/A	12b. Address N/A	12c. Tel. No. N/A	12d. Fax No. N/A
		12e. Cell No. N/A	12f. E-Mail Address N/A

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) July 7th, 2022	13c. Election Time(s) In shifts	13d. Election Location(s) MCHS Mankato Hospital	

14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No. N/A
		14d. Cell No. N/A	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any N/A			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No. N/A
		15f. Cell No. N/A	15g. E-Mail Address (b) (6), (b) (7)(C)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 6/14/2022
WILLFUL FALSE STATEMENT (b) (6), (b) (7)(C) FINE AND PUNISHMENT			